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Bib Data Sheet

CONFIRMATION NO. 9711

<b>SERIAL NUMBER</b> 10/020,635	<b>FILING DATE</b> 12/14/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 28947/3541 1B
<b>APPLICANTS</b> Ira L. Shapira, Highland Park, IL;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/631,018 08/02/2000 PAT 6,358,252 WHICH IS A CON OF 09/271,481 03/17/1999 PAT 6,110,176 WHICH IS A DIV OF 08/886,173 07/01/1997 PAT 5,913,859				
<b>** FOREIGN APPLICATIONS *****</b> - NONE -				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/15/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 37
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 04743				
<b>TITLE</b> Method and apparatus for extracting bone marrow				
<b>FILING FEE RECEIVED</b> 649	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	